ST. AGNES ATHLETIC PROGRAM
ATHLETIC CODE COMMITMENT STATEMENT

As parents, we recognize that the St. Agnes Athletic Program will only be as effective as we are supportive. For this reason, we pledge the following in order to build a strong partnership with my child's team and support the St. Agnes Athletic Program as a whole:

1. To insist that my child act responsibly by:
   - ❖ Maintaining academic/behavioral eligibility
   - ❖ Attending and using time well at practices
   - ❖ Respecting coaches' guidelines and decisions
   - ❖ Displaying cooperative team spirit

2. To assume responsibility as parents for understanding and abiding by the **ATHLETIC CODE**.

3. To attend informational meetings required for my child's participation in each sport.

4. To respect the commitment of time that coaches make to the program. To respect coaching decisions publicly. To provide punctual transportation for my child to and from practice and games.

5. To work with my child in any way that I can in order to support and enhance the development of skills taught in the program.

6. To insist that my child respect St. Agnes' facilities and equipment. All uniforms will be returned at the end of each sport season on time and in good condition. We will assume the responsibility to replace any damaged or lost equipment or uniforms.

7. To support the efficient function St. Agnes Athletic Program by fulfilling my financial and volunteer obligations as scheduled so as not to cause a burden to any one volunteer.

8. To display Christian behavior at practice and games, promote good sportsmanship, refrain from profanity, racial or ethnic comments, harassment or taunting of players, opponents, coaches, officials and fans, and to take responsibility for my actions

9. To represent my parish and/or school to the very best of my ability.

10. To be a positive role model for players, coaches & spectators and provide encouragement and support for players and coaches

I have read and agree with this COMMITMENT STATEMENT. I understand that my child will not be able to participate in any games until this form is signed and on file with the Athletic Program and failure to comply with the Athletic Code and these statements will affect the ability for my child or myself to participate or attend in St. Agnes Athletics.

Parent Signature	Parent Name (Print)	Date

As a student athlete, I recognize that my participation in the St. Agnes Athletic Program is a privilege and is for my benefit. I have read the ATHLETIC CODE and agree to abide by the Code.

Student Athlete #1 Signature	Student Name (Print) & Grade	Date
Student Athlete #2 Signature	Student Name (Print) & Grade	Date
Student Athlete #3 Signature	Student Name (Print) & Grade	Date

ARCHDIOCESE of MILWAUKEE

Form
6145.2(b)

PARENTS AND/OR LEGAL GUARDIANS
RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE FORM

PARTICIPANT:		BIRTH DATE:
ADDRESS:		
PARENT/GUARDIAN:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
PARENT/GUARDIAN ADDRESS:		
PARENT/GUARDIAN:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
PARENT/GUARDIAN ADDRESS:		

My/our child wishes to participate in the sport(s) of (list all)

_____during the _____ school year.

I/We will realize that there are numerous risks involved in participating in the above listed sport(s). These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis, and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational activities and to generally enjoy life. I/We have been informed about the various risks associated our child's participation in the above listed sports and the potential injuries that may occur.

I/We will assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in the above mentioned sports, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

PARENT/LEGAL GUARDIAN SIGNATURE:	DATE:
PARENT/LEGAL GUARDIAN SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



Form
6145.2(a)

STUDENT ATHLETE: MEDICAL INFORMATION AND EMERGENCY CONSENT FORM

PARTICIPANT'S NAME:		
ADDRESS:		
CITY:	ZIP:	PHONE:
PARENT/LEGAL GUARDIAN:		
ADDRESS:		
EMPLOYER:		
HOME PHONE:	CELL PHONE:	WORK PHONE:
OTHER EMERGENCY CONTACT PERSON:		PHONE:

MEDICAL INFORMATION

FAMILY PHYSICIAN:	PHONE:
GROUP/ADDRESS:	
HOSPITAL OF PREFERENCE:	

INSURANCE INFORMATION

SUBSCRIBER:	GROUP NUMBER:
POLICY NUMBER:	COMPANY:
PRE-EXISTING MEDICAL CONDITIONS:	

I authorize the coaching staff to provide emergency medical treatment of any injury to or illness by my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment which in his or her judgment may be deemed necessary in the care of (child's name) _____

PARENT/LEGAL GUARDIAN:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

PARENT/LEGAL GUARDIAN:	DATE:



Form
6145.2 (j)

PARENT AND ATHLETE CONCUSSION ACKNOWLEDGEMENT FORM

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed annually prior to participation in any sport.*

Parent Agreement:

I, _____ have **read** the Concussion Fact Sheet for Parents and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

PARENT/GUARDIAN SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

Athlete Agreement:

I, _____ have **read** the Concussion Fact Sheet for Athletes and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate heath care provider to my coach before returning a practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

ATHLETE SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.